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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

TL

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

FL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MI	SHEETS DRAWING 5	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 1
Examiner's Signature _____ Initials FL					

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## TITLE

Appliance end fitting

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